

Introduced by Senator RunnerFebruary 24, 2006

An act relating to health care.

LEGISLATIVE COUNSEL'S DIGEST

SB 1746, as introduced, Runner. Health care reporting: public access.

Existing law provides for various health care programs.

This bill would require the State Department of Health Services to convene a commission to conduct a study regarding specified aspects of reporting information to the department and various aspects of making the information available to the public.

This bill would require the commission, on or before January 1, 2009, to submit a report of the findings in the study and recommendations to the chair and vice chair of the Health Committee of the Senate and Assembly.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: no.

The people of the State of California do enact as follows:

- 1 SECTION 1. This act shall be known and may be cited as the
- 2 Health Care Consumer's Right to Know Commission Act.
- 3 SEC. 2. (a) The State Department of Health Services shall
- 4 convene the Health Care Consumer's Right to Know
- 5 Commission, hereafter referred to as "the commission" to
- 6 conduct a study of the following:
- 7 (1) The feasibility of hospitals, outpatient clinics, long-term
- 8 health care facilities, individual physicians, and medical groups

1 reporting information regarding the quality and cost of health
2 care procedures to the department.

3 (2) The most effective and efficient method of increasing
4 public access to information regarding individual physician cost
5 and outcomes, as well as information about use of electronic
6 medical records and electronic prescribing.

7 (3) The feasibility of developing a Physician Report Card and
8 statewide Web sites, as well as other media, for making this
9 information available to the public in a useful manner.

10 (4) The feasibility of the State Department of Health Services
11 or any other organization making this information public, so that
12 consumers may make informed choices regarding performance
13 and cost of health care services.

14 (5) The feasibility of establishing a long-term database
15 assessing treatment outcomes so public epidemiology research
16 may be enhanced, as well as provide public access to
17 information.

18 (6) The feasibility of gathering data that already exists in the
19 private and public sector, as well as the ongoing collection of
20 future data.

21 (7) Methods by which patient outcome data would be stripped
22 of personal identifying markers to ensure patient privacy.

23 (8) The feasibility of resolving legal barriers or other
24 disincentives to sharing information, as well as methods
25 encouraging consumers and their doctors to use appropriate
26 online tools and sites to learn about best practices, and quality
27 and cost of various treatment options and providers.

28 (b) (1) The commission shall be composed of 13 members.

29 (2) The Governor shall appoint nine members to the
30 commission, as follows:

31 (A) One representative of each type of health care facility
32 identified by the department.

33 (B) One physician and surgeon.

34 (C) One nurse.

35 (D) One consumer of health services.

36 (E) One representative of small businesses, as defined by the
37 federal Small Business Administration.

38 (F) One representative of medium-size businesses, as defined
39 by the federal Small Business Administration.

1 (G) One representative of large businesses, as defined by the
2 federal Small Business Administration.

3 (H) One representative of health care plans and health care
4 insurers.

5 (3) The Senate Committee on Rules shall appoint one member
6 of the commission.

7 (4) The Speaker of the Assembly shall appoint one member of
8 the commission.

9 (5) The Senate Minority Leader shall appoint one member of
10 the commission.

11 (6) The Assembly Minority Leader shall appoint one member
12 of the commission.

13 (7) The department shall appoint the chairperson of the
14 commission from among its members.

15 (c) The commission shall hold not less than one public hearing
16 in conducting the study required by subdivision (a) in each of the
17 following areas:

18 (1) Southern California within the Los Angeles County,
19 Orange County, and San Diego County areas.

20 (2) The Inland Empire region.

21 (3) The central coast.

22 (4) The San Joaquin Valley.

23 (5) The San Francisco Bay area.

24 (6) The Sacramento Valley.

25 (7) The north coast.

26 (8) The Gold Country-Sierra area.

27 (d) The commission shall, on or before January 1, 2009,
28 submit a report of its findings in the study and recommendations
29 to the chair and vice chair of the Health Committees of the
30 Senate and Assembly.